**University of Huddersfield**

**CONFIDENTIAL**

**Student referral form for the Occupational Health Department**

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| Assessment of Fitness for studies / placement activities |
| Please complete this form in typewritten text & expand as necessary |
| Please answer all questions or write N/A where appropriate |

**SECTION A Student Details**

|  |  |  |
| --- | --- | --- |
| First Name: | Date of Birth: | |
| Surname: | Previous surname: | |
| Contact Address:  Postcode: | Contact phone numbers:  Home:  Mobile: | |
| School: SBEL / SHHS | Course Title: | |
| Branch (if applicable): | |
| Original date commenced on course: | University base (delete as appropriate):  Queensgate\* / UCB\* | |
| Current situation: (delete as appropriate) Continuing \* / suspended\* / off sick\* from studies since \_\_ / \_\_ / \_\_ (date) | | |
| Copies of health information already received (please X all included with this referral): | | |
| FMED3 (fit note) | | Doctor’s letter |
| **SECTION B** | | |
| Current health problems from information provided to you by student: | | |
| Please describe the impact / effect of current health issues are having on the student’s ability to participate in expected studies: | | |
| Are there any specific reported behaviours or events that you have been made aware of?  Yes / No. If Yes please provide full details: | | |
| Have any adaptations already been made to the student’s role / studies in order to assist him / her – please provide details: | | |
| For the course in question could a return to study or placement activities be undertaken on a phased (part time) basis building up to full time over 4 – 8 weeks?  Yes / No / Other: | | |

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| --- | --- | --- |
| **University study / practical requirements (Referrer please X all that apply):** | | |
| Standing for periods longer than 30 mins | Crouching / Kneeling / bending | |
| Sitting for periods longer than 60 mins | Fine motor movements e.g. scalpel work | |
| Moving and handling of people | Moving and handling of equipment or loads | |
| Computer work |  | |
| Other study requirements (details): | | |
| **Placement role requirements ( Referrer please X all that apply):** | | |
| Standing for periods longer than 30 mins | | Crouching |
| Sitting for periods longer than 60 mins | | Fine motor movements e.g. scalpel work |
| Moving and handling of people | | Rapid response in emergency situations |
| Moving and handling of equipment or loads | | Operating equipment or machinery - please provide details: |
| Shift work  Please provide start / finish times: | | |
| Other role requirements (details): | | |

**SECTION C**

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| **OCCUPATIONAL HEALTH REPORT CRITERIA** | | |
| **From the following list a-j, please X all of the questions that you requireOccupational Health to address in their report to you.** | | |
| 1. Is the student fit to engage in classroom based activities and written examinations? | |  |
| 1. Is the student fit to take part in practical classes/demonstrations/act as a model and examinations? | |  |
| 1. Is the student fit to go onto placement? | |  |
| 1. If the answer to any of the above is no please indicate timescales for a resumption of each activity. | |  |
| 1. Will an Occupational Health review be necessary before the student can resume their studies? | |  |
| 1. Will an Occupational Health review be necessary at any other time? | |  |
| 1. Are there any recommended restrictions in respect of any of the areas detailed? | |  |
| 1. Will these restrictions be temporary or permanent? | |  |
| 1. What adjustments may be recommended to support any of the above? | |  |
| 1. Is there likely to be any interruption to study or placement for ongoing treatment? | |  |
| 1. Any other issues that require clarification   Please provide details: | |  |
| **Before signing this form, please confirm that:**  The student has been advised of the purpose of this referral and that you have given him / her a copy of this form or you will send a copy to the contact address provided | | |
| You understand that you will receive notification of any scheduled appointments, cancellations or rearranged appointments and that you will receive a written report on the outcome of this referral within one week of the appointment | | |
| You understand that if the student fails to attend on two occasions he / she will be referred back to the school academic staff. | | |
| The student has agreed for all of the above information and attached correspondence to be forwarded to Occupational Health. | | |
| Referring academic name (please PRINT): | Signature: | |
| Date: | Ext: | |
| **NB please address any queries about this referral to the OH admin team on 01484 471800 or by email to** [**occupational.health@hud.ac.uk**](mailto:occupational.health@hud.ac.uk) **rather than directly to an individual.** | | |